



**MONTGOMERY TOWNSHIP SCHOOLS**  
Montgomery Middle School Lower Campus 373 Burnt Hill Rd. Skillman, NJ 08558  
Telephone (609) 466-7604 www.mtsd.k12.nj.us

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**Lisa Romano**  
*Principal*

**Scott Pachuta**  
*Vice Principal*

## Health Services

### AUTHORIZATION TO RELEASE MEDICAL RECORDS

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

I authorize Jennifer Amponin, BSN, RN, CSN, or Makiko Davis, RN to release medical records to:

\_\_\_\_\_  
Name of School - Attn: School Nurse

\_\_\_\_\_  
Address of School

\_\_\_\_\_

It is understood that this information will be used in a confidential and professional manner in the best interest of the named student.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date